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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	see attached schedule
	Issue Date	see attached schedule
	First Named Inventor	see attached schedule
	Title	see attached schedule
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified patent.

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I am the:

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- Inventor, having ownership of the patent.

OR

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- Patent owner.

☒ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature

Date

25 Apr 2010

Name

Mark Semler

Telephone

973.406.2806

Title and Company

VP of Engineering of Blackstone Medical, Inc.

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒
- *Total of
- 1
- forms are submitted.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Schedule

Patent No.	Grant Date	Title	Inventor(s)
6238396	5/29/2001	Surgical Cross-Connecting Apparatus and Related Methods	Alan Lombardo
6524310	2/25/2003	Surgical Cross-Connecting Apparatus Having Locking Lever	Alan Lombardo Michael a. Hammer
7273481	9/25/2007	Bone Plate Assembly Provided with Screw Locking Mechanisms	David Edgar Evans alan Lomardo
6960232	11/1/2005	Artificial Intervertebral Disc	Matthew Lyons Stephen M. Green Matthew A. Keary
6648893	11/18/2003	Facet Fixation Devices	Michael Dudasik
6540748	4/1/2003	Surgical Screw System and Method of Use	Alan Lombardo
7662154	2/16/2010	Anterior Cervical Plating System	Helio Marcos Ribeiro
7575581	8/18/2009	Device for Holding and Inserting One or More Components of a Pedicle Screw Assembly	John Robert Lovell
6413259	7/2/2002	Bone Plate Assembly Including a Screw Retaining Member	Matthew Lyons Frank La Rosa

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